



# DOUGHERTYARTSSCHOOL

## Request for Independent Study: Adult & Senior Arts Program

Student Name \_\_\_\_\_ Phone: \_\_\_\_\_ Cell: \_\_\_\_\_

This form is for students that are interested in signing up for either our Independent Study Studio time but have not completed the 4 prerequisite classes at the Dougherty Arts School. Students must demonstrate competency with: college classes/degree and/or professional experience. Experienced students might be asked to complete one Dougherty class for a current reference if they have not worked in a studio setting for over 3 years. Studio policies are available before registering by request. **I am interested in the following Independent Study:**

☐ Ceramic ☐ Darkroom ☐ Fiber Arts ☐ Drawing & Painting

### Please answer at least one of the following:

<b>1.</b>	I have a college degree in: _____ Please list college: _____
<b>2.</b>	I have taken _____ # of classes. <i>List a minimum of 4 classes</i> 1. _____ 2. _____ 3. _____ 4. _____
<b>3.</b>	I have _____ # of years working in this professional studio:
<b>4.</b>	I have the ability to work in a studio setting independently and without supervision because:

**All applicants must list 2 references that are familiar with your work in a studio setting**  
(college professors & professionals in the field).

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

Name: \_\_\_\_\_ Title: \_\_\_\_\_ Phone: \_\_\_\_\_

#### Please read and initial each line:

- \_\_\_\_\_ I understand my request must be submitted 5 business days before the class begins.
- \_\_\_\_\_ I understand my request will be considered but is not guaranteed.
- \_\_\_\_\_ I understand that the first 6 weeks are considered a probationary period and will be reviewed. Studio Monitor has authority to ensure safety standards and enforce SOP guideline procedures.

**Signature** \_\_\_\_\_ **Date** \_\_\_\_\_

Your request is given to the class supervisor, who will make a determination. They will notify you **by phone about your request**. Thank you for your cooperation and your patience.

**Staff comments:** \_\_\_\_\_ **Date Received:** \_\_\_\_\_ **Approved** ☐ YES ☐ NO

☐ Copy given to registrar. ☐ Called applicant and notify outcome.



The City of Austin is committed to the Americans with Disabilities Act.  
If you require special assistance for participation in our programs please call 974-4040.

DH 4/24/12